

Smile Transformation & Cosmetic Services Ltd Tottington Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Tottington Dental Surgery provides NHS and private treatment for both adults and children. The practice is based in a converted cottage property. There are three dental treatment rooms, a decontamination room, reception area and two waiting rooms. Treatment is provided on the ground and first floor. The practice is not wheelchair accessible; Tottington Dental Surgery has a sister practice in nearby Ramsbottom which is fully accessible. On street parking is available.

The practice employs three dentists, one dental hygiene therapist and five dental nurses. The clinical team are supported by a practice manager and reception staff, all of whom are registered with the GDC.

The practice's opening hours are 9:00am to 1pm and 2pm to 5.30pm Monday to Friday.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice was well organised, visibly clean and free from clutter.

Summary of findings

- An Infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
 - The practice had systems for recording incidents and accidents.
 - Practice meetings were used for shared learning.
 - The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
 - Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
 - Dental professionals provided treatment in accordance with current professional guidelines.
 - Patient feedback was regularly sought and reflected upon.
 - Patients could access urgent care when required.
 - Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
 - Complaints were dealt with in an efficient and positive manner.
- There were areas where the provider could make improvements and should:

- Review the practice's safeguarding staff training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.

- Review availability of medicine and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review the practice's manual cleaning procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and Continuing Professional Development (CPD).
- Review the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Non-foaming detergent was not available for the manual cleaning of instruments and the temperature of the water for manual cleaning was not monitored in line with HTM 01-05 to ensure the temperature of the water was 45°C or lower (a higher temperature will coagulate protein and inhibit its removal).

Clinicians had received level two safeguarding training but dental nurses had not received up to date training. We brought this to the attention of the practice manager who gave assurance that training would be provided as soon as possible.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

A risk management process had been undertaken for the safe use of sharps (needles) but this did not include the risk from other sharp instruments. We received assurances that this would be reviewed to include all possible sources of inoculation injury

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The practice had emergency adrenaline for infants and children but no adult dose. Adrenaline is required in case of severe allergic reactions. The practice manager made arrangements to obtain this.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional

No action



Summary of findings

development (CPD). The infection prevention and control (IPC) control lead had received verifiable IPC training; they had provided in-house training to other staff members which was not verifiable. The practice manager told us they would ensure that all GDC registered staff received verifiable IPC training.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 29 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients. Due to the constraints of the property, staff had to go through the treatment room downstairs to access the reception office. This had been risk assessed and confidentiality discussed with staff.

No action



Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint.

Staff told us that a disability access audit had been carried out but this could not be located. The practice had made reasonable adjustments to prevent inequity to any patient group.

No action



Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

We found there were strong support systems in place to ensure the smooth running of the practice.

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

A regular audit cycle was apparent within the practice although the findings and learning points were not always documented.

No action



Summary of findings

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

Tottington Dental Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 22 December 2016 was led by a CQC inspector and supported by a dental specialist advisor.

Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the practice manager, dentists, dental hygiene therapist, dental nurses, decontamination staff and reception staff. We also reviewed policies, procedures and other documents. We received feedback from 29 patients about the services provided at the practice.

We informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.



Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events.

We found incidents were reported, investigated, discussed with staff and measures put in place where necessary to prevent recurrence.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

The practice did not have a system to receive and distribute patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). The practice manager immediately signed up to receive alerts on the day of the inspection and checked the most recent alerts to ensure the practice wasn't affected.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the Care Quality Commission. All of the dentists had received level two training but the dental nurses had not received up to date training. We brought this to the attention of the practice manager who gave assurance that this training would be provided as soon as possible. Staff were able to demonstrate to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles) but this did not include the risk from other sharp instruments. We received assurances that this would be reviewed to include all possible sources of inoculation injury. Only the clinicians were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

Medical emergencies

Staff had received up to date training in medical emergencies. The practice had equipment and emergency medicines in line with the Resuscitation Council UK guidelines. This included an automated external defibrillator (AED) [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

We saw records that showed the emergency medicines and equipment were checked regularly. There was a resuscitator bag used to assist ventilation and a range of airways but these had expired. Staff immediately ordered replacements whilst we were at the practice. Glucagon, which is required in the event of severe hypoglycaemia or low blood sugar, was refrigerated but staff did not monitor the temperature of the fridge. We discussed this with the practice manager and principal dentist who said that fridge monitoring would be introduced. The practice had emergency adrenaline for infants and children but no adult dose. Adrenaline is required in case of severe allergic reactions. The practice manager made arrangements to obtain this.

Staff knew the location of the emergency equipment which was clearly signposted and easily accessible.

Staff recruitment

The practice recruitment policy was in line with the requirements of schedule 3. Staff recruitment files where relevant contained evidence of a Disclosure and Barring Services (DBS) check. (The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable), evidence of conduct in previous employment, identification and eligibility to work in the United Kingdom, evidence of



Are services safe?

relevant qualifications and skills. Records of Hepatitis B immunisation were available but immunity status was not. The practice manager took immediate action to contact occupational health to obtain this information.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were available and up to date. There was a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

A fire risk assessment had been undertaken. There were fire detection systems in place which were checked weekly. Staff had received training and carried out regular fire drills.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We looked at the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination rooms in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine). Non-foaming detergent was not available for the

manual cleaning of instruments and the temperature of the water for manual cleaning was not monitored in line with HTM 01-05 to ensure the temperature of the water was 45°C or lower (a higher temperature will coagulate protein and inhibit its removal).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused.

There was evidence of daily, weekly and monthly tests being performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how clinical waste items were disposed of and stored. The practice had a contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. There was no contract in place for the disposal of gypsum waste. Dental study moulds contain gypsum which cannot be disposed of in domestic waste. Staff told us that study models were retained or given to the patient. The practice manager contacted the waste contractor and arranged for these to be collected and disposed of on the day of the inspection and evidence was provided.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment were visibly clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in 2016. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).



Are services safe?

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, medical emergency oxygen and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development (CPD) training During each five year CPD cycle. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Dental Care Records were of a high standard and showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. A range of leaflets and posters in the waiting room contained information for patients such as smoking cessation advice and maintaining children's oral health.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies. The infection prevention and control (IPC) control lead had received verifiable IPC training; they had provided in-house training to other staff members which was not verifiable. The practice manager told us they would ensure that all GDC registered staff received verifiable IPC training.

There was an appraisal system in place and we saw evidence of discussions with staff to identify training and development needs.

Working with other services

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics and minor oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. We asked the dentists to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and



Are services effective?

(for example, treatment is effective)

treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.



Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 29 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. During the inspection we observed staff demonstrated a caring manner to patients and assisted them where necessary with the stairs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Due to the constraints of the property, staff had to go through the treatment room downstairs to access the reception office. This had been risk assessed and confidentiality discussed with staff. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to a private room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act.

We saw evidence for all staff in information governance training. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. We looked at dental care records with clinicians which confirmed this and patient comments aligned with these findings.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints information and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

The practice had made reasonable adjustments to prevent inequity to any patient group. Staff told us that a disability access audit had been carried out but this could not be located. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. We noted on the day of the inspection that staff ensured patients were happy to use the stairs and offered

to see them in the downstairs surgery. The sister practice in nearby Ramsbottom is fully accessible and wheelchair users were seen at that location. Staff could access interpretation services should the need arise.

Access to the service

The practice's opening hours were 9:00am to 1pm and 2pm to 5.30pm Monday to Friday. These were displayed in their premises and on the practice website.

The patients we spoke with felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was displayed in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received one complaint in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.



Are services well-led?

Our findings

Governance arrangements

The practice manager provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review by the practice manager and updates were shared with staff to support the safe running of the service.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

There were business continuity plans in place and there were arrangements in place with the sister practice to provide cover where necessary.

Leadership, openness and transparency

The overall leadership was provided by the registered manager. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong. Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

A regular audit cycle was apparent within the practice although the findings and learning points were not always documented. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out by various members of staff. Topics included radiography, infection prevention and control. The results and action plans were not clearly detailed or shared with staff. We discussed this with the practice manager who agreed that this process could be improved.

Improvement in staff performance was monitored by personal development plans and informal discussions which were documented by the practice manager. The records we reviewed were filled with sufficient details and action plans.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, and using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The most recent FFT results showed 100% of patients who took the survey were likely to recommend others to the practice.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager. Several staff members had been employed at the practice for many years; we observed high levels of staff satisfaction.